



# KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, Kentucky 40601

(502) 564-4185

<http://kcpe.ky.gov>

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

### INSTRUCTIONS

1. This authorization must be typed or printed legibly and completed in its entirety.
2. Attach continuation sheets if more space is needed to provide information.
3. No fee is required to be submitted with this authorization.
4. This completed authorization may be submitted to the Kentucky Commission on Proprietary Education either by mail or by delivery to Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, Kentucky 40601.

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Name During Attendance At School \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Program Name \_\_\_\_\_

### SCHOOL INFORMATION

School Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Website Address \_\_\_\_\_

Administrative Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

### RELEASE

I, do hereby authorize the full release of any and all student records including but not limited to, financial information, financial aid information, and attendance reports from the above named school to the Kentucky Commission on Proprietary Education (Commission) or any authorized agent or investigator of the Commission.

I understand that the above records may be used by the Commission in the investigation and possible disciplinary proceedings under KRS Chapter 165A.400, KRS 61.870 et seq. and 201 KAR 40:030. I further understand that the Commission will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

A photocopy of this authorization shall be deemed as effective as an original.

This authorization shall be effective until this matter is concluded.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_